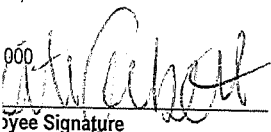
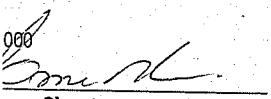
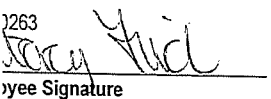
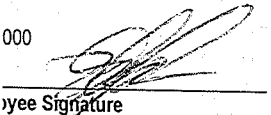


Director's Signature: _____

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: **March 13, 2010**

Employee Name:		Sunday 03/07/10	Monday 03/08/10	Tuesday 03/09/10	Wednesday 03/10/10	Thursday 03/11/10	Friday 03/12/10	Saturday 03/13/10
Kate 000  Employee Signature	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 3:10	
	Lunch: Out - In		12:00 12:30		12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			Suffolk Sup 8:40 12:25				
Employee exceptions or comments, indicate type and amount.								
Annie 000  Employee Signature	Day: In - Out		6:45 3:20	6:45 3:15	6:45 3:20	6:45 3:30	6:45 4:00	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Employee exceptions or comments, indicate type and amount.								
Stacey 1263  Employee Signature	Day: In - Out		8:15 4:15	8:40 4:40	7:40 3:40	8:40 4:40	/	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	/	
	Outside Duty: From - To						/	
Employee exceptions or comments, indicate type and amount.							SIC 7.5	
Daniela 000  Employee Signature	Day: In - Out		/	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		/	1:10 1:40	12:30 1:00	12:15 12:45	12:30 1:00	
	Outside Duty: From - To		/					
Employee exceptions or comments, indicate type and amount.			SIC 7.5 ✓					

Supervisor's Signature: _____

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: **March 13, 2010**

Employee Name:		Sunday 03/07/10	Monday 03/08/10	Tuesday 03/09/10	Wednesday 03/10/10	Thursday 03/11/10	Friday 03/12/10	Saturday 03/13/10
Lisa 000 <i>[Signature]</i> Employee Signature	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
	Notes							
Michael 000 <i>[Signature]</i> Employee Signature	Day: In - Out		8:00 4:00	8:00 5:00	7:40 2:40	8:00 4:00	7:50 3:50	7:45 3:45
	Lunch: Out - In		2:05 2:35	2:20 2:50	1:00 1:30	2:30 3:00	1:40 2:10	1:30 2:00
	Outside Duty: From - To							
	Notes							OT 7.5 ✓
Nicole 000 <i>[Signature]</i> Employee Signature	Day: In - Out		7:50 3:50	8AM 3:30	7:35 3:35	7:30 3:30	7:55 3:55	7:10 3:10
	Lunch: Out - In		12 12:30	12 12:30	12 12:30	12:00 12:30	12 12:30	1:00 1:30
	Outside Duty: From - To							
	Notes			0.5 vac ✓				OT 7.5 ✓
Elisabeth 000 <i>[Signature]</i> Employee Signature	Day: In - Out		7:25 5:00	7:25 2:25	7:30 4:30	7:30 3:30	7:30 3:30	
	Lunch: Out - In		11:00 12:30	11:30 12:00	11:30 12:00	11:30 12:00	11:30 12:00	
	Outside Duty: From - To							
	Notes		CIT 1.0 ✓		VAC 1.0 ✓	Com 1.0 ✓	+ 1.0 com	

Supervisor's Signature: _____

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10	Monday 03/08/10	Tuesday 03/09/10	Wednesday 03/10/10	Thursday 03/11/10	Friday 03/12/10	Saturday 03/13/10
Gloria	Day: In - Out		8:35 4:35	9:00 5:00	8:50 4:50			
	Lunch: Out - In		12:10 12:40	12:10 12:40	12:00 12:30			
	Outside Duty: From - To							
Employee Signature								
ment exceptions or comments, indicate type and nt.						CMT 7.5 ✓	SIC 7.5 ✓	
Peter	Day: In - Out		7:05 3:05	17:30 1:30		7:30 3:30	7:15 4:15	6:45 2:45
	Lunch: Out - In		12:30 1:00			12-12:30	12-12:30	12:00 12:30
	Outside Duty: From - To							
Employee Signature								
ment exceptions or comments, indicate type and nt.				VAC 1.5 ✓	SIF 7.5 ✓			OT 7.5 ✓
Daniel	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	7:05 3:05	7:10 3:10	
	Lunch: Out - In		12:00 12:30	12:45 1:15	12:15 12:45	12:00 12:30	12:00 12:30	
	Outside Duty: From - To		Dedham Sup 8:00 10:30	S. Folk Sup 8:40 12:25				
Employee Signature								
ment exceptions or comments, indicate type and nt.								
Della	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 11:15	6:45 2:45
	Lunch: Out - In		1:15 2:15	1:15 1:45	1:30 2:00	1:10 1:40	1:10 1:30	1:00 1:30
	Outside Duty: From - To							
Employee Signature								
ment exceptions or comments, indicate type and nt.							VAC 3.0	OT 7.5 ✓

Supervisor's Signature: _____

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: March 13, 2010

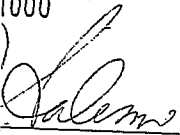
Employee Name:		Sunday 03/07/10	Monday 03/08/10	Tuesday 03/09/10	Wednesday 03/10/10	Thursday 03/11/10	Friday 03/12/10	Saturday 03/13/10
Shirley 000 <i>DS</i>	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
ment exceptions or comments, indicate type and nt.			VAC 7.5 ✓	VAC 7.5 ✓	VAC 7.5 ✓	VAC 7.5 ✓	VAC 7.5 ✓	
Zhi 1000 <i>Zhi</i>	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15
	Outside Duty: From - To							
ment exceptions or comments, indicate type and nt.								OT 7.5 ✓
Mai 1000 <i>Mai</i>	Day: In - Out		7:45 1:45		8:30 2:30		7:15 1:15	
	Lunch: Out - In							
	Outside Duty: From - To							
ment exceptions or comments, indicate type and nt.					1 VAC ✓			
1000	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
ment exceptions or comments, indicate type and nt.								

or's Signature: _____

Employee signatures on this time sheet certify the employee has performed the work associated with the activity listed.

Time Log/Program / Area: Drug Analysis Lab Boston

Week Ending: _____

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
ni Charles 1000  Employee Signature	Day: In - Out			9:30	6:05	/	/	9:45	6:05	9:55	6:15	9:45	6:00		
	Lunch: Out - In			12:00	12:50	/	/	12:05	12:55	12:05	1:00	12	12:45		
	Outside Duty: From - To														
	ant exceptions or comments, indicate type and	MOSCS 7.5													
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	ant exceptions or comments, indicate type and														
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	ant exceptions or comments, indicate type and														
Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	ant exceptions or comments, indicate type and														

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 3/13/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: [Signature]

Date: 3/9/10

Department Head: [Signature]

Date: 3/9/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lowke	120459	7.5 hrs			
Pete Piro	138624	7.5 hrs			
Nicole Medina	285766	7.5 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	148724	7.5 hrs			